

Foster Family Home - Corrective Action Report

Provider ID: 1-509317

Home Name: Eva Bantolina, CNA

Review ID: 1-509317-6

118 Moa'e Place

Reviewer: David Ayling

Wahiawa

HI 96786

Begin Date: 8/6/2019

Foster Family Home

Required Certificate

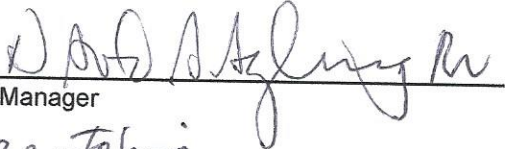
[11-800-6]

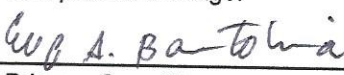
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 8/6/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.


Compliance Manager


Primary Care Giver


Date

Date